

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042732

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 392

FILED DEC 9 1963

1. PLACE OF DEATH

a. COUNTY

Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY Adair

c. CITY OR TOWN

Kirkville

Inside Limits

Yes ☒ No ☐

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kirkville

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION K. O. H.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

ADDRESS

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Charlotte

Middle

Thompson

Last

4. DATE OF DEATH

Month

Day

Year

Nov. 30, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

7/8/1917

9. AGE (last birthday)

46

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

domestic

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state or country)

Kirkville, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frank V. Hanson

13b. MOTHER'S MAIDEN NAME

Nellie B. Jones

14. NAME OF HUSBAND OR WIFE

Morris Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Morris Thompson-Kirkville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized anoxemia

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

consolidation of lungs

2 days

DUE TO (c)

Unilateral pneumonia

4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from November 26/63 to Nov 30, 1963 and last saw her alive on Nov. 30, 1963
Death occurred at 12:41 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS 200 W. Jefferson St. Kirkville, Mo.

22c. DATE SIGNED

Nov. 30, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/2/63

23c. NAME OF CEMETERY OR CREMATORY

Maple Hills Cemetery

23d. LOCATION (City, town, or county)

Kirkville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Davis & Davis

Kirkville, Mo.

25. DATE RECD. BY LOCAL REG.

12-3-1963

26. REGISTRAR'S SIGNATURE

Norris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

2

DATE

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No permit issued

Ira C. Runney, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jerry L. Davis

Licensed Embalmer No. 5216

P. O. Address Hurdley, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.